

SENIOR CLASSES/ PROGRAMS

PARTICIPANTS SURVEY

Also online at: www.carlsbadca.gov/parksandrec

Class Date: _____ **Class Name:** _____ **Instructor Name:** _____

Please rate the following (circle one):

The overall quality of the class/program

Excellent Very good Good Poor Very poor *if "fair" or "poor" please tell us how we can improve.*

The overall learning experience while participating in this class/program

Excellent Very good Good Poor Very poor *if "fair" or "poor" please tell us how we can improve.*

Please rate your level of satisfaction with the following (5 =Very satisfied to 1 = Very dissatisfied):

	Very Satisfied			Very Dissatisfied	
Overall customer service you received	5	4	3	2	1
How well the class/program provided a fun, safe community experience	5	4	3	2	1
The level of respect and courtesy you were treated with while participating in this program	5	4	3	2	1
Instructor's preparedness and punctuality for class/program	5	4	3	2	1
Instructor's knowledge and ability to present material	5	4	3	2	1
The instructor presented the information provided in the class/program description	5	4	3	2	1
How responsive the instructor was to participants' needs and questions	5	4	3	2	1

Did the speaker attempt to sell their products or services? (Circle one) Yes No

What is the main reason you chose to participate in this class/program? (Check one)

☐ To enhance general knowledge (lifelong learning) ☐ Special interest (hobby)
☐ To try something new ☐ Meet new people
☐ To learn new skills ☐ Just for fun
☐ To help with school/career ☐ Other: _____

How did you hear about this class/program? (circle)

Advertisement Community Service Guide Direct Mail E-mail Flyer
 Newspaper Senior Center Newsletter Sign/Banner Website Word of Mouth
 Other: _____

Additional Comments: _____

